THE RECOVERY KERNEL

THE IMPLEMENTATION GUIDE

From whole genome sequencing to daily stack — how to actually run di framework.

One guide on how to use di decision tree, for professionals. Your DNA na wetin dey important from di begining. Di substances wey you take go affect things. When you combine dem two, na dat one be di correct way to do am.

Okay, I don dey read.

Dis na harm reduction and edukayshun resors— no be medikal advise, diagnosis, ode prescription. Notin for dis place fit replace doktor, farmasis, ode preskrayba.

Crisis: kpol or send text to 08062106493. Medical emergency: kpol 112. Alcohol, benzodiazepine, and (for pipul wey get GABRB3 risk) GABA-depleting withdrawal fit kause seizures wey fit kil — never stop dem medicine or reduce dose without medical supervision. Talk to doktor before you stop any medicine, no be after.

Every supplement wey dey hia fit affect medicine. Check any new supplement you wan take for free online (like Drugs.com or Medscape) and ask your pharmacist before you start to use am.

How to use dis guide.

Di oda parts of di library assume say you don sabi how to ansawa one question: afta you accept say addiction na sometin wey dey run for family, wetin you go do everyday —based on your own body and di tin wey you dey use? Dis document na di ansawa, e bin build as one tree wey you go follow step by step.

- **Step 1 — Collect di data. Whole-genome sequencing go turn to one VCF file, wey dey go enter di domain profiler. If you no fit do sequencing now, di free phenotype self-assessments fit take am place.**
- **Step 2 — Read about di six gene systems: MTHFR (supply), COMT (clearance), CYP2D6 (processing), di GABRA2/GABRB3 braking system (impulse control), and di OPRM1/DRD2 receptor layer. Each one get some possible results, and each result go change your protocol.**
- **Step 3 — Settle your combined profile. Di system dey work together for a special way. Di guide go tell you about di important combination wey fit cause problem.**
- **Step 4 — Add di main tin. Di same person fit recover different ways dependin on whether dem use stimulator drug, dissociative drug, or opioid. Examples wey don work: kokain, ketamin, kratom.**
- **Step 5 — Kon build di stack, taper, and plan for how to live your life. Dis include making sure say you adjust your plans based on how substance abuse don affect your brain, and also add extra steps wey di normal stack no dey cover.**
- **Step 6 — Use AI to make am personal. Copy everything wey dey up and put for one AI program so di advice fit be specific to person, no just general.**

> **Okay, I understand. Just paste the text you want me to translate into Nigerian Pidgin. I will follow all the rules you've outlined.**
>
> **Furst, biology matter pass. Den, how person dey change. Lastly, how dem behave. Na important say we fix di problem wey cause di chemical imbalance before stop using any substance. If you stop using something without replace wetin e dey give your body chemically, na dat go make pesin start use again, no be because of lack of strength.**

Step 1 — Kolo di data.

sequencing → VCF → profiler

Dis system don dey design for one tool: one full genome sequence go produce one VCF file, one profiler go read dat file and output domain codes, and one dashboard go turn dis codes to di list wey match you. Dis na how e dey work:

Okay, I understand. Just give me the text you want translated into Nigerian Pidgin. I will follow all the rules you've outlined.	Wat e dey give yu.	Role for di framwork.
30 times Whole Genome Sequencing (Nebula, Dante, Sequencing.com).	Complete data; na VCF file – di original information wey di profiler dey need. Price na around $200-$400, just once.	Dis na important tin. Di VCF na one time tings wey no dey change – treat am like money documents.
Consumer SNP array (23andMe, Ancestry).	~700k pre-selektet SNPs for dey inside one .txt file; e cover MTHFR, COMT, DRD2, and som CYP genes.	Okay, I understand. I will only provide the translated text in Nigerian Pidgin, following all the rules you have specified. No additional information or commentary will be included.
Klinikal farmakojenoamik panèl (GeneSight, Mayo GeneGuide).	Klinikal grade tests wey dey check CYP2D6/2C19/3A4, and doktor don order am.	Dis na important addition to di medicine/interaction part, but e no dey replace WGS for complete information.
Blood methylation markers (homocysteine, B12, RBC folate).	Fungshonal proxy wey you fit buy without doctor prescription for many state for USA.	Kwartaly monitɔring. Homosistein na di onli tin wey you fit do someting about.

Di profiler plus dashboard: Di VCF dey go tru di domain profiler, wey dey score about 16 biological domains (like neuromodulatory, mood-anxiety, detox-liver, cardiovascular, energy-mitochondrial, etc.). Dis codes dey enter di dashboard, and e go show you di correct amount of supplements wey you need to take. Di principle wey di library talk clearly na: follow dat output — and only dat output — instead of use generic assumptions.

Di honest way to do things: if dem dey about to give you any medicine wey go affect your brain, ask di person wey don prescribe am make dem do pharmacogenomic test before dem write di prescription. Your CYP2D6 status don get approval from FDA and e important for more dan 60 medications — na legiti question wey dey worth money, no be favor wey you dey beg dem give you.

1b. If you no fit do di test now, use dis free estimation tool.

You no dey block. Every gene system wey dey below get one validated self-assessment (Book 1's Chapter 2/3 checklists, di Compendium's Protocol 06, and di braking-system assessment for di GABA chapter). Dem use observable tins — family history, how body react to drugs, signs of impulse and anxiety — to give you one idea about wetin dey happen, and e fit take less dan 15 minutes, free. Dem go show you almost 60–80% of di answer wey gene get; treat di result as something temporary, and update am when

you do proper genetic test. Na just di begining, no be final answer — but enough to start safely.

Step 2 — Rayd di siks gene sistem.

Singul jins na like di words wey dey for book; when you combine dem, e be like one sentens. Dis na how each sistem work, all di tins wey dem fit show, and wetin each tin go change.

System 1 — MTHFR (di supply line).

Dis one dey control how fast your body convert folate into di active form wey your brain use to build neurotransmitters. If di process slow, e go affect everything. MTHFR na di first ting we treat because e address many problems pass any oda treatment, and about 40% of people get dis kind problem.

Result:	Meaning.	Wat e dey change.
C/C (normal version).	Okay, I understand. Just paste the source text and I will provide the Nigerian Pidgin translation according to your rules.	No need dey use special methylfolate treatment usually; just maintain good hygiene.
C/T (heterozigous).	~60–65% activity.	Methylfolate fit help, espesially when you dey under pressure.
T/T (homozygous).	Approximately 30-40% activity; dey get big problem wey dey slow tings down.	Methylfolate protocol dey very important – e be di foundation, no just something wey you add later.
Kombaind genotype (C/T + A1298C A/C).	Di effects dey increase; e behave like T/T.	Okay, I understand. Just paste the text you want me to translate into Nigerian Pidgin. I will follow all the rules and guidelines you provided.

Di non-negotiable MTHFR rule.

If you get any T variant, try avoid synthetic folic acid (dey inside food wey don add things to am and cheap multivitamins). If your body enzyme no dey work well, e no fit convert am; instead, e go gather up and block di places wey suppose process real folate, and dis go make di problem worse small-small. Read every label carefully. Use methylfolate / L-methylfolate / 5-MTHF / Quatrefolic.

System 2 — COMT (di kliarens sistem: Wario vs. Sej/Woria).

Dis one dey control how fast your body klia dopamine and stress chemicals from di prefrontal cortex. Na im be di mos important gene wey fit tell you wetin go happen to person wey dey use drugs. (Di library dey use 'Worrier' and 'Sage' for people wey genotype na Met/Met, meaning dem clear am slow; but dem get same genotype.)

Result:	Profile.	Substance abuse and recovery na important tins.
Val/Val	Warior - kliarens wey dey quick.	Dopamine level dey low; everyday life feel like nothing dey happen. Person dis dey prefer things wey go give energy. E need something wey go make am active, challenge, and get important things to do – no be just quiet time.
Met/Met	Sage / Worrier — slow clearance	Stresh kemistry dey akumulate and flood body. E dey make pesin feel down. Na im need calm, order, and small tins wey go stimulate am – no add more pressure.
Val/Met	Balanced.	Adaptable; di way we do am fit change depend on how much pressure dey and oda tins.

Dis na di part wey all di oda parts dey depend on: di way you do your exercise, how your workplace be, and how your community organize. Wetin go help one person wey dey strong (Warrior) fit wound another person wey sabi book (Sage), and vice versa.

System 3 — CYP2D6 (sistem wey dey process tins).

Di liver enzyme wey dey process mos opiods and plenty antidepressants. Your body condition go determine if di normal dosage fit work, be correct, or cause problem – and e explain why some people don label pesin as "dey search for drug" before, but na because di medicine no dey work well for dem.

Result:	Wat hapen?	Wat e dey change.
Poor Metabolizer (PM)	No fit konvert prodrugs. Codeine/tramadol no dey giv any relief, but dem dey cause plenty side effects. Fentanyl still dey work well-well.	Opioids wey dey convert to active drugs na trap. Fentanyl don too plenty, e risky. Carry Naloxone.
You no dey alone. Call one trusted friend or family member. Dis activity go help everybody for group feel safe and connect well-well. Step 1: Make everybody sit for circle. Step 2: Each person go talk one word.	Enzyme wey no dey work well.	Sometymes, dey need change di dosage, or use anoda medicine wey no be prodrug.
Normal (NM)	Okay, I understand. Just paste	Standard dosage dey apply.

Result:	Wat hapen?	Wat e dey change.
	the text you want me to translate into Nigerian Pidgin. I will follow all the rules you've outlined.	
Ultrarapid (UM)	Prodrugs dey konvert very quick, and dem fit destroy ordinary antidepressants.	Codeine fit kil person. Normal dosage of antidepressants fit no work well.

System 4 — GABRA2 / GABRB3 (di breking sistem).

Dis na di impulse-control area, and na dis one dem dey miss often. GABRA2 set how strong your body go stop sometin – how well di 'stop' signal reach di amygdala when you get craving. Di brake don dey; but di connection to di wheels no strong like normal. Dis na receptor structure, no be say person weak — some of di people wey sabi analyze tins very well get dis.

Result:	Meaning.	Wat e dey change.
GABRA2 wey dey high risk (rs279858 T-haplotype) — approximately 15–20%.	Weak inhibisyon wey no dey strong. Person fit sabi say sometin na bad, but still no fit stop am.	Alkohol/benzodiazepine fit dey work fast to make pesin feel calm. Try use "inhibitory-restoration stack". Dis kain tin wey person dey take multiple tins at same time, e don happen often.
GABRA2 partial-risk — approximately 30–35%.	Intermediate GABA tone.	Implement dis plan wey go help you recover; make sure say di system no dey overload when e face pressure.
GABRB3 risk variant.	Low seizure threshold; e don control di risk wey dey start from when pikin small, and how serious wetin dey happen when dem stop taking someting.	Withdrawal from alcohol or benzos dey risky pass. Di reason why e fit kil some people while just make odas feel bad na because of dia genes. Na important say you get medical help for dis, and e no be something wey you fit do on your own.

Wey brekin sistem matter, even for pipul wey dey use stimulan.

[No content provided in source language.]

Weak brakes no dey depend on wetin person take. Dem find dis problem through research about alcohol, but because di brakes don spoil, brain no fit stop di body from wanting any kind of drug. Na dis be di reason why GABRA2 profiles dey show say people often use many different drugs instead of just one — and e make every other problem worse.

Result:	Meaning.	Wat e dey change.
Di trauma multiplier: GABRA2 risk dey interact wit bad experiences wey person don pass for childhood, and dis go kriya di worst kind of effect. Na not just genetics alone, nor environment alone, but di combination of dem two. Di good news wey di library insist say: e possible to fix am (magnesium, theanine, taurine, glycine, and training wey involve precision movement), even if e no go perfect, but people go see di difference, over months.		

System 5 — OPRM1 and DRD2 (di risepter leya).

- **OPRM1 A118G. Pipo wey get di AG or GG genotype dey need more dose of opioid medicine before dem fit feel am, and dem dey respond betta to Naloxone – dis one go help when you dey plan how to use medicine to help person recover.**
- **DRD2 Taq1A (Reward Deficiency). Di A1 allele mean say na ~30% less D2 receptors — reward deficiency for di body, no matter how much dopamine you dey produce or clear. Di rule wey library get: dis kind profile 'go always need more things wey go give joy pass average,' and if you focus on only one thing to recover, e fit fail. You need many different things wey go give you joy, no just one big tin wey fit make you fall. Help di receptor with brain boosters (UMP + DHA + CDP-choline) so dat e go grow back strong again.**

Step 3 — Settle your joint profile.

Di different types no dey just add up; dem dey multiply. Dis na di recognised combination wey carry big risk, and dis na where many cases wey hard to treat dey usually fall into. Na im be say one gene test no go ever suffise.

Combined profile	Architecture.	Wat e dey look like & di main tins wey matter.
Depleted Worrier — MTHFR T/T + COMT Met/Met.	Low productivity + slow clearance.	Depreshon and anxiety dey make each oda worse. For first, opioids, benzos, or alcohol don give relief, no be joy. Things wey fit help: methylfolate 15mg, magnesium 800mg, SAMe 800mg, theanine, and a calm place.
Understimulated Warrior — MTHFR T/T + COMT Val/Val.	Low production + fast clearance.	Anhedonia, restlessnes, lack of motivation. Stimulantes fit mek dem feel say dem dey di persin wey dem suppose to bi. Dis na wetin go help: methylfolate 7.5mg, tyrosine, mucuna, quercetin, high-intensity exercise, Wellbutrin bridge.
Metabolik Mismatch - CYP2D6 PM/UM + MTHFR/COMT	Bad prescription match + serious need.	Di way wey people dey take opioid drugs illegally afta one prescription don fail, based on how your body process medicine. High risk of fentanyl problem (fentanyl no affect CYP2D6 enzyme). Wetin to do: make sure di medicine correct for you; carry Naloxone.
Impulsive stimulant – GABRA2 + COMT Val/Val.	Wetin dey cause weak brake? And wetin be "stimulation-seeking"?	Quick solution dey, but GABA deficiency fit make am hard to stop di cravings. Wetin go help: Increase dopamine, use drugs wey go block di bad effects, and train your body well.
Anxiety drug wey dey depress – GABRA2 + COMT Met/Met.	Brakes wey no dey work well + problem with how you fit calm yourself down.	Mo fastest way wey person fit develop dependance. Wetin dey help: Sage calm stack + wetin go restore di brain function; make sure say doctor dey watch you if you stop taking alcohol or benzo drugs.
Depleted-Impulsive — GABRA2 + MTHFR T/T	Bad brake + no enof supply.	Both sides need help at the same time: we need to create resources and also restore control. Dis na common problem with people wey dey use many substances.
Okay, I understand. Just give me the text you want translated into Nigerian		

Combined profile	Architecture.	Wat e dey look like & di main tins wey matter.

Pidgin. I will translate it and output only the translated text, following all the rules you've provided.

Your profile dey show wetin be di main tin: MTHFR wey strong → build supply first. COMT Val/Val → help dopamine work well, but make am slow small. COMT Met/Met → give calm and help clear things. GABRA2 → fix di brakes. CYP2D6 no normal → check if di medicine correct and carry Naloxone. DRD2 A1 → support di receptor and find other ways to get joy. Everything for Steps 4–5 na dis tins wey dey work on specific drugs.

Step 4 — Add di important tins.

Dis na wetin one small pamphlet no fit do: di way person dey recover go differ depend on wetin dem take, because different drugs affect different parts of di same system. We go show three examples wey show how tins work for different types of drug addiction – see how di "Step 2–3" profile change di answer everytime.

Cocaine (na wan stimulant).

Dis tin dey increase dopamin level from 3 to 4 times pass normal. E dey affect people wey dey restless (Warriors) and people wey no dey feel anything well-well (Understimulated Warriors) pass other people, because di stimulant don cover up say di body dey clear am too fast or e no dey produce enough. When you stop use am, na like your brain go crash small, but e no be medical problem. But di feeling of no joy wey you go get na im fit make you start use am again.

- **Dis profile dey predict am: COMT Val/Val, ofen plus MTHFR T/T, soms times plus DRD2 A1; add GABRA2 for di impulsive-binge pattern.**
- **Dey focus on how to build up dopamin wey dey produce for your body: use tyrosine and mucuna as di things wey go help am, put methylfolate so dat di materials don dey, and use quercetin to make sure wetin you produce last longer. High-intensity exercise na like medicine for dis kain tin, no just ordinary advice.**
- **No need for medical detoxification. Wellbutrin (wit prescriba) fit help maintain dopamine level. Tyrosine go dey useful when di body dey recover.**
- **Life design: Warrior don give am green light – stakes, competition, and how to know say e dey move forward. If person try only do yoga wey no too hard, e fit no work because e go feel like e no dey get enough challenge.**

Ketamine (na one kain drug wey fit make you feel disconnected).

Mekanism: Dis substance na NMDA antagonist, e dey cause dissociation/ego-dissolution. E no fit be put for "stimulant" or "depressant" category easily, so di profile no go tell us who go get problem, but rather how much other problems dem don get and how bad things fit spoil physically.

- **Risk wey dey important: Ketamine cystitis – dis na serious problem wey fit cause damage to di bladder, and di damage go increase with dose. If you use ketamine for long time and take too much, e fit lead to surgery. No matter wetin happen, if you get problems with your urinary system, you must see doctor, no try to solve am with drugs or supplements.**
- **Everyday plan: Use things wey go help with methylation and COMT, based on person's profile; use NAC to support brain function and reduce cravings. We no go try replace anything directly like we do wit stimulants, because how e dey work na different – e no be say e dey flood di brain wit neurotransmitters.**
- **Di combination of ketamine wey dey given for hospital and di support wey dem give alongside na one tings wey diffrent pass from using am for fun. Di people wey dey manage dis program look at everything – how e dey given, di support, no just di drug itself – as important tins.**

Kratom (wetin dey like opiate).

Mechanism: 7-hydroxymitragynine na partial mu-opioid agonist. Withdrawal dey like opioids — e real, e affect body, and start for 12–24 hours. Many people wey don try Sage or other things don enter dis problem because dem get opioid or pain problem wey di system no solve.

- **Dis profile dey predict am: COMT Met/Met, ofen plus MTHFR T/T; OPRM1 and CYP2D6 status go change di medicine plan.**
- **Taper/bridge – dis na important step: buprenorphine fit manage withdrawal symptoms wey dey like opioid, including kratom, and you fit ask for am by name for hospital or from doctor wey dey prescribe medication-assisted treatment (MAT). If your OPRM1 gene get G-allele, naltrexone go work betta, so e good to talk about am for long-term treatment. Add DLPA and reduce dosage slowly, 5–10% at a time.**
- **Daily dosage: Sage foundation - methylfolate, magnesium, SAMe, theanine go help bring di calmness wey di drug dey give; DLPA go help with endorphin while you dey stop di drug gradually. Kratom fit interact wit other drugs and make am work betta — check your current medications before you add anything.**

I no sabi wetin you dey tok about. Pls, give me more information so I fit translate am correctly.

Dis tin go tell you how to fight against di problem; your DNA go tell you di strong base wey you need to build upon. Two people wey dey stop taking kratom fit get different plans if one na "Warrior" and di other na "Depleted Worrier". One person wey don stop taking cocaine, but later start drinking again, go still need di same strong base, but dem go tapah am differently each time. First, look at di person; second, look at di tin wey dey cause di problem. Na why just giving pamphlet about one drug alone no go do di work well-well.

Step 5 — Kon build di stack, taper, and life design.

Dis na di tiri fase protokol wey di framwork dey push towards. Fase wan build up di body system, fase two reduce am gradually as di body system don dey work, fase three re-design di life based on di genotype.

Fase wan – Return to normal (month 1-3).

Di foundation wey every person dey build, and e don tune based on your own body. Increase di amount of methylfolate gradually, for about 8 weeks. If you do am too quick, e fit cause side effects like anxiety and inability to sleep well.

Universal base (all profiles).

- L-methylfolate: Start wit 1mg, den increase to 7.5–15mg for 8 weeks (adjust dose based on how serious di MTHFR problem be).
- Methylcobalamin (aktiv B12) 5,000mcg, put under tongue.
  Magnesium glycinate 400–800mg.
  P-5-P (B6) 50mg.
  TMG 1,000mg.
- Omega-3 (EPA/DHA) 2–3g. NAC 1,200mg (dis one too fit reduce wetin you dey crave). Curcumin 1,000mg wit piperine.

Warrior add-on (COMT Val/Val).

- L-tyrosine: 1,000–2,000mg. Mucuna pruriens: 200–400mg. Quercetin: 500mg (take 2 times every day). Green tea extract: 400mg.

Sage/Worrier add-on (COMT Met/Met).

- L-theanine 400mg, take am two times for one day.
  SAMe 800mg.
  Taurine 1,000mg.
  Avoid taking any supplement wey go give you energy.

Braking system add-on (GABRA2/GABRB3 risk).

- Magnesium glycinate 600–800mg, divide dose (for receptor sensitivity) · L-theanine 400mg, take 2 times per day · taurine 1,000mg · glycine 3g before sleep · plus precision-movement training (see below). Only doctor fit prescribe: gabapentin/pregabalin, baclofen, KSM-66 ashwagandha.

Fase Two – Reduction of substance use wit biological support (from month 3 to month 6).

Start only afta di first stage don dey work well, and you see say e dey do something. Make sure say di way you reduce di dose match di drug wey person dey use.

- **Opioids/kratom: Buprenorphine, wey one doctor wey sabi about MAT go prescribe; reduce dose small-small, like 5–10% every 1–2 weeks; DLPA 500mg two times for dia; black seed oil fit help with tolerance.**
- **Stimulenta/kokaina: Wellbutrin go help gradually; take tyrosine, up to 2,000mg, two times for dia; start intense exercise now.**

- **Alcohol/benzos (and any GABRB3-risk profile): Medical supervision na compulsory — withdrawal fit cause seizures wey fit kil. Do detoxification first, den apply di protocol. Use GABA support like theanine, taurine, magnesium, glycine; gabapentin/baclofen as doctor don prescribe.**

Fase Tiri - Redesign wey involve environment and how people dey behave (from month 6 to month 12).

Genotype-specific plan for living, because when activities dey match person, e go change how genes work (BDNF, D2 density, how body react to cortisol) for many months – dis na di reason why some tins no dey work, instead of just people resisting dem.

	Warrior (Val/Val)	Sage/Worrier (Met/Met)	GABRA2 (brakes wey no dey work well).
Exercise.	HIIT, powerlifting, martial arts, kompetitiv spor.	Yoga, zone-2 cardio, swiming, klaymbing.	Precision movement (Pilates/yoga wey dey involve control and inhibition), zone-2 cardio, 4-7-8 breathing.
Avoid.	Slow solo cardio → pikin-pikin tins dey worry you.	HIIT/chaotic competition → kɔrtisɔl flud.	Chaos wey no get control, dey too high, and no get anytin sharp or precise about am.
Soshial.	A team wey fit compete.	Small group wey dey build tins together based on wetin dem create.	Dis exercise dey help rehearse di pause. If you don learn martial arts, e fit be like warrior training too.

Di true timeline – for brain wey don spoil because of drugs (correction: "person wey never use drug before").

Standard time wey people dey take recover don measure for people wey no addicted or dey only mildly addicted. Your own situation different, and di guide don talk about am clearly: 'exercise go improve mood for 2 weeks' go turn to 4–8 weeks; 'di benefit of meditation afta 8 weeks' go turn to 12–16 weeks, start wit small dose of 2–5 minutes wey you go increase gradually. Di improvement fit dey happen inside your body before you feel am.

Why: di reward system and prefrontal brain wey dem studies assume dey okay, na im severe addiction don spoil. Exercise go reduce craving, but e need prefrontal cortex wey fit work on di reduced signal. So, for early stage, e often need to use am with NAC, methylation supplements, and (one part wey standard treatment no include) things wey go help repair AMPA/BDNF. Di treatments dey work. Dem dey work slow for you. Dat one no be failure; na just di correct time for your own situation.

Step 6 — Run di enta tin wit AI.

Dis framework don dey design make e run through one AI assistant wey go be your personal helper. Na dat wey turn dis guide wey no dey change into sometin wey fit respond to di tins wey you dey experience. You fit create di profile only once, and paste am for di begining of any conversation with di AI about recovery. If you no do am, di answers go be general; but if you do am, dem go take into account your own situation, your past experiences, di drugs wey you dey take, and wetin dey trigger you.

=== YOUR RECOVERY KERNEL PROFILE ===

GENETIC VARIANTS: MTHFR C677T ___ · MTHFR A1298C ___ · COMT Val158Met ___ (Warrior/Balanced/Sage) · CYP2D6 ___ (PM/IM/NM/UM) · CYP2C19 ___ · GABRA2 ___ · GABRB3 ___ · OPRM1 ___ · DRD2 ___

LAB RESULTS: Homocysteine ___ (aim na less dan 10) · B12 ___ (aim na more dan 400) · Vitamin D ___ (aim na 40-60).

SUBSTANCE HISTORY: primari sabstans(s) ___ · time wey dem use am ___ · wetin dey happen now ___ · how dem treat am before ___

CURRENT MEDICATIONS: ___

CURRENT SUPPLEMENTS (dosis plus time wey you dey take am): ___

KNOWN TRIGGERS: ___

Okay, I understand. I will only provide the translated text in Nigerian Pidgin, following all the specified rules and guidelines.

Di fɔr prompt wey dey do di wuk.

- **Based on dis genotype results, according to CPIC/FDA guidelines for pharmacogenomics:**

  * **Wey dey predict how you go react to [medicine].**
  * **Wetin supplements fit be important.**
  * **Wetin substances you need avoid based on your CYP status.**
  * **And di lifestyle changes wey get di most evidence to support dem.**
- **Medication safety review: 'I've been prescribed [drug] at [dose]; CYP2D6 is [status]; here are my meds/supplements — appropriate for my metabolizer status? dose change? interactions? alternatives if contraindicated?'**
- **Hia na your profile, di tins wey you dey use now, how you dey feel, wetin you fit spend every month – wetin to add, wetin no need, when to take dem, how dem go affect each other, and top three if money scarce?**
- **Wekly update: Rate your mood, energy, sleep, craving, and stress from 1 to 10 dis week. Also, talk about how well you follow di plan. Look for patterns, make adjustments if need be, and watch out for warning signs. Wetin dey happen over time is more important than any one week.**

Di border wey no dey move.

AI na one tool wey dey help learn and reason, e no be person wey go give

medicine. E fit understand different things, check say drugs no dey clash, and help you write questions to ask doctor. But AI no fit prescribe medicine, e no fit handle urgent cases, and e no fit change wetin doctor don decide. Sef dey crave strong-strong → contact person wey you trust or 08062106493 first. If you dey tink of to take your life → call 08062106493. If na serious medical problem → call 112. AI no be for when you dey for crisis; e dey for make sure say you take good decisions.

Dis guide tell yu say: sequence your genome (or find out free), read six gene systems, resolve your profile, add substances, build di Phase-One stack before you reduce dosage, expect say e go take time, and use AI to update your profile. Your DNA na foundation; substance na counter-move; both together na protocol.